PTO/SB/06 (12#)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PA	TENT APPLIC	ATION FE Substitute to	E DETERMIN or Form PTO-875	ATION F	RECORD	formation unte	SS II disp	plays a valid	OMB control in cket Number
	APPLICATION ,						1.10	15∞	20x
	(Colu	mn 1).	(Column 2)		SMALL	ENTITY	OR	O:	THER THAN
BASIC FEE		R FILED	NUMBER EXTRA				7	SM	ALL ENTITY
(37 CFR 1.16(a), (b), or SEARCH FEE	. —				RATE (\$)	FEE (\$)	-	RATE	\$) FEE
(37 CFR 1.16(k), (i), or (i)									
(37 CFR 1.16(0), (p), or (	q))					- <u> </u>			
(37 CFR 1.16(i))		minus 20 =		<del>-</del>				· .	
INDEPENDENT CLAI (37 CFR 1.16(h))		minus 3 =		X			0R	х	=
APPLICATION SIZE	If the specif	calion and de	awings exceed 10					x	=
FEE (37 CFR 1.16(s))			icalion size fee due nilly) for each			1	- 1		
· · · · · · · · · · · · · · · · · · ·	1 00 0.0.0.4	(a)( i)(G) auc	illy) for each action thereof. See 137 CFR 1.16(s).	1.		- 1	- 1		1
MULTIPLE DEPENDE	NT CLAIM PRESEN	T (37 CFR 1.16(	i))	7			-	·	
· If the difference in colu	ımın 1 is less than zo	ro, enter "0" in	Column 2	/			Ľ		
	CATION AS AMI			1	OTAL [		•	TOTAL	<u>.</u>
1 0 -									
	(Column 1)	(Colui			SMALL EN	TITY .	OR	OTHE	R-THAN
<b>←</b>	REMAINING AFTER	NUMB PREVIO	PRESENT	RA		ADDI-			ENTITY
Ш Total •	MENDMENT Min	PAID F	OR =		F	TIONAL FEE (\$)	'	RATE (\$)	ADDI- TIONAL
(37 CFR 1,16(1))  Independent (37 CFR 1,16(h))	Min	15 2		<u> </u>	=		R X		FEE (\$)
Application Size Fee	e (37 CFR 1.16(s))			<u>  x</u>	=		R X	=	
FIRST PRESENTATION		NDENT CLAIM	(37 CER 4 16/3)						
			(0) (0) (1.10(j))	TOTAL		OF	·		
(C	olumn 1)	:		ADD'L		OR	TO:	TAL D'L FEE	
	CLAIMS MAINING	(Column HIGHES	1		· ·			<u>.</u> .	
AME	AFTER NOMENT	PREVIOUS	LY EXTRA	RATE		DDI- DNAL	R/	ATE (\$)	ADDI.
Total . (37 CFR 1.166))	Minus	PAID FOR	=			E (\$)			TIONAL FEE (\$)
(37 CFR 1,16(h))	Minus	<del> </del>	=	Х	=	OR.	×	Ε .	
Application Size Fee (				X	=	OR	х	2	
FIRST PRESENTATION (	OF MULTIPLE DEPEND	ENT CUAIM (37	CFR 1.16(j))						
•				TOTAL		OR	L		
If the entry in column 1 If the "Highest Number	is less than the entr	r in column 2	vila "O" in and	ADD'L FE	E	OR	ATOTAL J'OOA	FEE	- 1
If the "Highest Number If the "Highest Number I	rreviously Paid For Previously Paid For	IN THIS SPAC	E is less than 20, en	ter "20".		-		L	

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1,16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.